

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024225

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

3175

FILED JUN 17 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

3mons

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4600 E 31st

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

admission)

c. CITY

OR TOWN

Lexington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

716 Franklin

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Pearl

Middle

Clarke

Last

4. DATE OF DEATH

Month

Day

Year

6-

4

63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-23-1883

9. AGE (last birthday)

79

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Beautician

10b. KIND OF BUSINESS OR INDUSTRY

Windsor, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Mack Sims

13b. MOTHER'S MAIDEN NAME

Susan Kil Buck

14. NAME OF HUSBAND OR WIFE

Lee Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Golena Lewis

2400 Flora

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Embolus
Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

7 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

March 24 63 June 3 63

and last saw her alive on June 3 63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John H. Wells MD

22b. ADDRESS

3718 Prospect

22c. DATE SIGNED

June 4 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-6-63

23c. NAME OF CEMETERY OR CREMATORY

Laural Oaks

23d. LOCATION (City, town, or county)

Windsor

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros/Funeral Home 18th Benton

25. DATE RECD. BY LOCAL REG.

6-5-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John H. Wells

SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bruce R. Waltham

Licensed Embalmer No.

4500

P. O. Address

1st Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.